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WHERE SCIENCE FAILS

Last June, the editors of the *London Hospital Gazette* invited the editors of the other hospital journals to hear an informal talk by the Archbishop of Canterbury on "Science and Religion," at the London Hospital. We were all given a warm welcome. The lecture theatre was full to capacity, it seeming as if the entire hospital had come to listen, as, indeed, they almost had done, including staff from the sector hospitals. It was one of a series of talks on world affairs, which have proved exceedingly popular.

The Archbishop introduced his talk by pointing out that a purely scientific approach to religion will always fail. Only a personal relationship with God will bring about understanding, and even proof, to an individual. Without this relationship argument is bound to be useless. The evidence for religion is provided by many lines of thought which converge towards the central point. The first line to be considered concerned purpose. The principle of purpose is the only idea which answers the question "why does the universe exist?" The theory of causation and effect can only explain how the universe, or part of the universe, exists, but not why it exists. The universe fulfils a purpose, and also each part must do the same.

The next point was that this purpose is a divine purpose. This must be governed by a divine will, characterised by a principle of constancy. Searching into efficient causes, as in teleology, does not introduce the constant purpose of the divine will. Science only explains how a given cause produces a given effect. The aim of the Will, at least as far as man is concerned, is the development of moral being which is essential to the fulfilment of

any finite purpose. Natural law must, of necessity, be fixed, for the fixity of nature is indispensable to the development of moral personalities. Man is creative, and is part of a society of free spirits, deliberately working their way into harmony through a purposeful life that answers the creator's will.

This creator, being perfect, is loving, and, as such, desires to share his love with his creation. There is a gulf between just such a purpose, and revealed religion: so argue many who are willing to admit that they believe in a divine and loving purpose governing the universe, but do not accept any orthodox teaching of divine revelation. No such gulf really exists. Several examples were given to show that many characteristically distinctive acts of famous men have revealed God, and shown His power working through the natural mind of man. Revealed religion is only possible on a groundwork of natural religion. God must be looked for in nature, too, and this becomes easier as science reveals the workings of nature. Christ pointed out, several times, the importance of God's self-revelation in nature. Any alternative to a purposeful universe is inexplicable.

There are other approaches besides this. Beauty is always valued as an expression of a mind, and does not consist of mere facts. When listening to music, one's mind is in communion not only with the player, but also with the composer himself. Similarly in natural beauty; this has to be shared with its Creator, God. Some approach religion because of the claim of duty. A sense of duty, however immature, or warped by ignorance, reveals the power of God.

These ideas converge to postulate the existence of a divine principle governing the

universe. Intellectual objections need not prevent this approach, for real religion, the Archbishop again emphasised, is a personal relationship, experience of which will reinforce the original hypothesis. A truly religious man is one who does everything religiously, sinning and self-sacrificing. He never offends merely his conscience, but always his God also. If he deserts God, he becomes aware of a snapped relationship. The final conclusion was that the end is the thing itself (actual relationship with

God) waiting to be realised.

After being thanked by the Dean of the London Hospital Medical College, the Archbishop answered many questions on diverse problems confronting so many to-day.

We are extremely grateful to the editors of the *London Hospital Gazette* for this remarkable opportunity of hearing the Archbishop discuss matters which are of such great interest and importance to all of us.

STATE MEDICINE

By GEOFFREY BOURNE

In dealing with any problem it is easy to make generalisations. It is more difficult, but far more necessary, to keep individual issues separate. Politicians and lawyers frequently mix issues; politicians from muddle-headedness and from a love of slogans and phrases, and lawyers sometimes as a matter of tactics. Everyone who has had experience of cross-examination by a barrister is aware of the danger of the double question. My criticism of the medical superintendent system has caused the sloppy thinkers or the political doctrinaires to assume, quite wrongly, that such criticism was an attack upon a State medical system.

State medicine has two possible meanings—State control of medical science, and State finance of medical services. I would ask everyone, whenever they think or talk of State medicine, to determine accurately which of these two things they are referring to. State control of medical science is a question of principle. State finance of medical services is a question of practice.

State control of medical science

This is a thing which would be unconditionally bad. In my opinion political control of an intellectual activity must always be uncompromisingly and utterly fought. Whether the control were central or local it must be rejected wholly.

There must be no political control of medical science.

There must, in any system, be complete freedom of speech and criticism in medical matters.

These two should be our guiding principles during the present period. Freedom of speech will entail free scientific criticism of professional superiors, even of the bureaucrats. This criticism should be free, whether by mouth or in the scientific or lay press. The catch-phrase

inserted in many municipal and council regulations, indicating that publication is allowed to medical officers, so long as "no question of policy is involved," must be rigorously excluded from the constitution of any State medical service. Politicians and bureaucrats can muzzle any criticism by making any question a question of policy.

Furthermore, the organisation of the medical side of any State service must be retained in the hands of the profession; and the power to initiate changes from time to time must be our legitimate prerogative.

The simple reason for the necessity of this professional freedom is that without it the public cannot be fully and adequately served by its doctors.

In dealing politically with the government on the issue of a State medical service an understanding regarding complete scientific and professional freedom should be reached as a first essential step. Should the politicians refuse this demand further negotiation should be broken off. The reason for such rupture could be explained to the public, to whom it would be made clear that the politicians were more concerned with increasing their political power than with the health of the nation, and that they were attempting to restrain proper scientific freedom.

Financial Considerations

Should the premises of scientific and professional freedom, within State service, be accepted by the politicians, the question of finance can then be discussed.

The medical profession will be wise to make the best financial bargain possible, for politicians care little for matters of intellect, and have no conception of intellectual value. This is seen by their financial evaluation of educa-

tion, the most essential and important of all human intellectual activities. Municipal and council school teachers are paid on a basis which is quite inadequate. The level of salaries on the Burnham scale reveals this clearly. A recent private patient of mine, a school teacher, told me that the caretaker of the school received more, if free lodging, heat and light were taken into account, than many of the teachers in the school. The reason is, of course, that the caretaker, being a member of the proletariat or the "workers," had a greater electoral potentiality than the teachers. If medicine were valued correspondingly, the public would be likely to suffer greatly. Official educational parsimony has achieved a percentage of illiteracy of two to three per cent. in some batches of recruits called up recently for the Services.

Remuneration in a State should be proportional to the value of an individual to the State. An individual is of value to the State in proportion to the difficulty of replacing him. A surgeon takes from 15 to 20 years to train, a bus conductor about 6 weeks, and most members of Parliament can be quite easily replaced. No doctor should receive a salary or income less than that of an M.P.

* Unless remuneration in a State service is sufficient to attract the best men, the public will not get the best service.

Paying the Piper

The claim that he who pays the piper must call the tune is often quoted in support of the theory that if the State pays for medical services it will be entitled to have a guiding voice in the direction of medical activities. The quotation is a cliché, so beloved of politicians, and is a non sequitur logically.

Patients now pay for medical services but they by no means dictate medical treatment, nor do they demand any such right. They know that they are incapable of it. In a State organisation the State should also pay for medical services; but it has no more right or ability to call the tune than have those patients with money who approach our gynaecological brethren with requests for expedient abortions. Expediency, indeed, is the grand political principle. "Does anyone believe," asked Mr. Stanley Baldwin, "if I had gone to the country and had said that Germany was re-arming and that we must re-arm, that this pacific democracy would have rallied to that cry? *Nothing would have made the loss of the election from my point of view more certain.*" In a scale of values in which the safety of the country is so regarded health would be a minor and scientific freedom a minimal consideration. Science—including the medical sciences—is greater than

nationality. German doctors who have made their scientific consciences subservient to the State deserve and have obtained universal scientific scorn and contempt. This is a clear example proving *à fortiori* that no science can ever safely be placed under political control.

Suggested Line of Action

The ideals of the Beveridge plan are good, and should be implemented so far as is possible. There are two methods by which the government might finance them; either they should so improve the general economic condition of the country that free and adequate medical service is available to and within the means of every citizen; or they should so organise taxation and contributions that the many should help the few sick to finance their needs. In any case the only legitimate function of the State in medicine is the economic one. A medical service, whole-time if necessary, could be organised in a way which would retain professional and scientific freedom, and which could secure detachment of medicine from party politics, central or local. Since this is the only basis on which such a service could be tolerated, no minor political or legislative difficulties should be allowed to intervene. The central organisation and supervision should be under a body such as the Privy Council, on the analogy of the Medical Research Council. The local organisation should be in the hands of responsible local committees of two types. The first, elected by hospital staffs, local medical health officers, local practitioners, and other such professional classes, would be composed entirely of medical men to deal with the medical affairs of their peculiar provinces. The other should consist of equal numbers of doctors and laymen, and should be a liaison committee with the functions of discussing local medical needs and problems, and of mutual education in the two parallel points of view. The medical members would be chosen from the different local medical bodies and the lay members from local non-political bodies of all classes interested in medical matters, such as the local schools, the churches, and the agricultural or trade interests. Representation in all cases should not be on a political basis.

A government representative should sit on the liaison committees, and if thought advisable with the medical committees, to hold a watching brief and to help the work of co-ordination.

As a final suggestion it would be a wise step for the profession to set up immediately some central committee with two duties:—

(1) To lay down a simple medical Bill of Rights, cataloguing the political essentials for medical science, such as freedom of speech,

freedom of criticism, freedom of professional practice, absence of bureaucratic or political interference.

(2) To scrutinise, with the help of the best available opinion, the texts of all bills and proposals, in order to ensure that the above neces-

sary rights shall be preserved.

It would also be a wise step if the profession were to plan its own service in detail, for presentation to the country if the electorate manifest a definite desire for a State service.

LETTERS FROM AFRICA

From Brigadier R. OGIER WARD, D.S.O.,
F.R.C.S., East African Command,
To Prof. GEORGE GASK

Oct., 42.

I have recently toured some part of the territory which was recaptured from the Italians by the forces of the East African Command and some of my impressions may interest you.

First I went to Mogadiscio (Mog. for short). Air journeys are usually interesting the first time you do them and afterwards rather dull, the last part of this was interesting as we travelled for a few miles along the coast, only about three hundred feet above the sea and about half a mile from the shore, marvellous blues and greens in the water beneath, a belt of fertile greenery along the shore, and sand and bush country further back. Every now and then a rocky promontory with sometimes a picturesque group of white houses upon it. In this part of Africa there is a most extraordinary river, the Scebeli. It rises in the mountains of Abyssinia and runs S.E. for about 500 miles until it gets to within 25 miles of the Indian Ocean near Mog. Then it loses its nerve, cannot bear the thought of the saltiness of the sea, so it turns S.W. and for nearly 250 miles it runs parallel to the coast and within 10-20 miles of it; finally its courage fails utterly and it dies in a swamp near the coast. There are other rivers in this part of Africa that just dry up as their course takes them into scorching hot territories where there is almost no rainfall, but the Scebeli is a real craven. Compare it with the Nile which runs through quite waterless desert, scorns an obvious short cut into the Red Sea, endures for 1,200 miles without a tributary in order to win through to the Mediterranean.

Mog. is on the sea, at the back is the native quarter, the bulk of the town is quite modern Italian work. It was of some importance to them and they made a large aerodrome there, which, however, they did not fight to defend; no, they raced off after the first bomb. White, clean built villas face the shore, rather like parts

of Worthing, and there is a good hotel. A coral reef allows of lovely bathing on a beach of light coloured coral sand, not quite so white as the coral sands near Mombasa; the reef keeps off the big waves and, so it is said, all sizes of sharks. One can surf-ride a little but it is not so good as Alex. for that. The sun is bright and the water warm. At this time of the year the place is not too hot, one wears a bush shirt without any vest beneath it, and by night no pyjamas and only a sheet, but in the monsoon weather of Jan. and Feb. it gets very sweaty. I had a nice room in a sort of dormey house in the garden of a villa once owned by the Iti Governor. I had my own shower bath and an electric fan over the bed, many spiders, some mosquitos (not anopheles, but making a mosquito net of course essential, as indeed it is in all this part of Africa) and two lizards were my companions. The situation is curious at Mog.; the Iti populace live and flourish and lounge in their cafés, have their Sunday morning parade on the beach and generally have a good time and seem to do no work. I had three days there as the aeroplane felt lazy and, after doing my medical duties in the morning, was free to bathe each afternoon, very pleasant.

Then I flew on over late Iti Somaliland and presently arrived at Harrar. This flight was chiefly over very dry bush country, apparently almost waterless, yet in almost every part one could see zeribas. These are small circular enclosures into which the camels are collected, and inside each there is usually a smaller one for the nomad family who own the camels. Some looked obviously neglected, others in better repair, all appeared unoccupied; yet at certain seasons a proportion of them are used, for it seems that when, after the rains, the grazing improves, the nomads move across the waste in search of this. Camels can go four days, I think, without water, but from the air it looks as if forty would be necessary to get from one river to another. It is said that in much of this country there is water beneath

the surface and holes are made down to it; probably it is horribly brackish, but camels seem uncomplaining, though it is not surprising that they usually wear an expression of disgust; perhaps this is in part due to the fact that during these arduous periods their owners live chiefly on their milk. I've tasted it and it ain't nice at all.

Harrar is said to be the second oldest walled city in the world, the walls at any rate look very senile and entirely confirm my theory as to how those of Jericho fell down—if I've not told you it I'll do so some day. It is exceedingly picturesque and was once the capital of Ethiopia. It stands on a hill and is surrounded by higher hills, it is entirely enclosed by a wall and one can walk all round it, and as there are almost no houses built outside it, it retains its walled-city character. The Iti's built their new Whitehall, Regent Street and Hampstead Garden Suburb well away from it. The country round is green, partly cultivated in terraces and there are no villages near. The flat-topped Mt. Harrari is on the skyline. It means Mt. Arrarat and the Ethiopians are sure that the Ark settled on the top, and I must say Noah could not have done better. The Ark figures largely in their religion and each church has one. I understand the Queen of Sheba set out from Harrar and of course they are all convinced that her heir to the throne was Solomon's son. The city is full of character within, small shops and estaminets and untidy houses; cattle are driven into it at nights up the narrow, deep-worn streets—only three of these are large enough to admit motor cars, which are certainly very out of place—and though very primitive and probably quite without drains, it is not smelly and there are far fewer flies than in Egypt. It looks beautiful in the evening and a light haze of smoke rises from it as the houses light up their wood-burning fires. Harrar is always cold at night, for its altitude is about 4,000 feet. One gate of the city is specially picturesque, with a busy market outside it where the bright coloured dresses of the women make a fine display. At a distance they look rather fine, they walk very erect, almost always with a load on their heads, a flat tray-like basket of vegetables or goods for market, a petrol can, or even a single ordinary glass bottle; nothing ever seems to fall off. Often a baby is slung on the back. The native men often wear jodpurs and when they do, all look to me exactly like Haile Selassie; sometimes they wear only a cloth skirt hanging from the waist, or with a shawl over the shoulders. All very primitive, and yet I was billeted in a modern

hotel with my own bathroom and all adjuncts, where the head waiter, an Iti, of course, always wore smart evening dress. Verily England, which used to lead the world in matters of plumbing and patterns of water closets, is now the most backward country in the matter of hotels. I'll say that if, in Warwick or Taunton, one asked for the accommodation which I had in Harrar, one would only be answered by a scornful negative.

General Fowkes, who kindly invited me to all meals, lives in a lovely modern house, probably the best in the new town, with a huge room, parquet-floored, where he has sometimes given parties for officers or for other ranks, or where forty couples can dance. It has a nice garden which he has brought into fine shape. Flowers do well at the time of year when I was there, but the feast of Mascal, which celebrates the finding of the true cross in Jerusalem by the wife of Constantine, fell due just then and it also celebrates the end of the rainy season and a period of drought is now due, which will hit the garden hard.

Whilst I was at Harrar I made several visits to Diredowa on the Addis Ababa-Jibuti railway, not a pleasant spot, low and relaxing and full of Iti women and children waiting to be returned from Ethiopia to Italy. From there I took the train, a solitary Diesel-engined coach, to Addis (8,300 feet). There I stayed with General Butler, who most kindly lent me his car. When I signed my name in the Emperor's book, I studied a new picture in the entrance hall of the palace. It represents the Lion of Ethiopia trampling on the eagle of Italy. Hitler and Musso clutch at each other in the background. A stout Mrs. Ethiopia extends her arms to Jehovah, who looks down upon the scene with a rather surprised expression, for behind the lady stands a figure robed in operating kit; in his left hand he holds a tray of ampoules, in his right a glass syringe and the needle is well home in the fleshy part of madame's arm. This is ENGLAND giving strength and courage to Ethiopia. Steady, boys, steady! I lunched with the Howes, he is minister, and with John Cowan, escaped twice when both were P.O.W.'s in Bulgaria during the last war. Afterwards I saw typhus vaccine prepared with the aid of Polish lice and then went for a twenty mile drive. This took me into lovely country, rather like France, hills, a river, meadows, cattle and farm land and tall Eucalyptus trees looking rather like poplars, and the fields yellow with daisies. Next day I returned to Harrar, 300 miles, in ten hours, rather tiring—a very hot and bumpy railway.

The Ethiopians are being turned into good soldiers, they respond well to training and look smart. As civilians the men are untidy, dirty and inclined to theft. Haile Selassie has a difficult job, he is by no means universally popular; also his people are very primitive and so is their Christianity and they lack the stimulus of a controlling faith in Mohammed. I saw one boy of twelve in hospital hopelessly mutilated and there have been plenty of such cases since the Iti's left. Slavery is abolished, but still persists in the remoter parts. The jail outside Harrar is just a wall and two buildings with roofs inside for use at night—no beds—all the prisoners jumbled up together, boys and men, the only ones segregated are those awaiting hanging and five women. The leper colony, also outside the walls, is worse still. It was built by a French mission forty years ago and there are three monks and five sisters. It consists of a collection of the usual native bandas, i.e., round mud-walled huts with rush roofs. In these live the grandparents, parents, sons and daughters and grandchildren and goats. Some have leprosy and some haven't. The children are born healthy and if not sent away often become infected. It is a vile disease when occurring in a severe form, nodules on face and limbs, missing fingers and toes, swollen legs, eroded noses and often hopeless contractures of the limbs. Some of the most acute cases seem to be in young women. These families spread their food on the ground outside the bandas, work in their gardens nearby and go for a walk in the city if they fancy it. Yet this is the race which France and Italy brought into the League of Nations. Certainly the Italians had done marvels, built magnificent roads, far superior to anything in Kenya, now slowly deteriorating. They laid out the capital on sound lines and introduced a state medical service. Their worst effort is sanitation. Ethiopia owes them much of value and much hatred, but in a few more years the induced prosperity might have somewhat dimmed a bitter memory.

Ethiopia is an attractive country in many ways. The part I have seen has plenty of mountains, but these are all grass-covered, and I long for rocky precipices. There are plenty of birds, but very little game; a great variety of insects abound, huge spiders and scorpions and enormous beetles with claws like lobsters. I saw in a collection one insect which is thirteen inches long, each part of body and limbs looks like a piece of twig, and that is its camouflage; certainly you would never see it on a branch unless it moved. I suppose it eats flies, but I don't

know if it has ever been described.

After returning from Addis I planned to go to Hargeisha and on to Berbera, a miserable place. A man who once stayed there soon afterwards found himself in Hell and telephoned home for blankets. However, a car breakdown prevented me from getting nearer than Mendera, a camp about thirty miles from the coast. The journey from Harrar interested me, the road from the old city leads through defiles where stones are poised on top of one another in a strange fashion, through sparsely wooded country, through bush where ant-heaps rise to over six feet; it crosses a few rivers which flow swiftly and over many others which are completely dry. It is a fine road made by the Iti's and perhaps most impressive where it runs dead straight for twenty miles across a vast plain. At many points along this were nomad Somalis trekking with their flocks to water-holes and fresh grazing. They are a fine race, tall and thin and brown instead of black. They consider themselves far superior to the Ethiopians; perhaps they are. People who know them say their mentality is difficult to understand and they do not tolerate discipline well. The men are vain, like the rest of us, and put ash upon their hair which, when removed, produces a henna effect. The women pay considerable attention to their dress (what woman does not?) and look very striking when clad in white with large bustles on each hip. They are Mohammedans and have some horrid tribal customs. Being largely nomad their habitations are simple, being made of pieces of wood forming a dome which they cover with skins and when travelling these are picked up and loaded upside down on a camel's back. They can be quickly pitched. Some of the tribes appear to be settled on the land which they cultivate. They protect their crops by human scarecrows, these are small boys or girls who sit on a wooden platform raised above the tops of the plants and with a sling and stones drive off the birds. As a race the Somalis seem to me the best I have seen out here. In all the African races the men consider themselves too superior to do any work; in Kenya the women do it all and carry the most enormous loads on their backs supported by a tight band round the forehead, in one such case a load of logs carried by a woman was found by a friend of mine to weigh 206 lbs., that is, more than fourteen stone—no wonder they age early, as the mountain peasants of Switzerland do from the same cause. But on the whole the Somalis seem to treat their women better than the surrounding races. My visit was, of course, a quick one and my impressions

are only superficial. However, I think I learnt a good deal in a short time of places and people I never thought to see, and so after nearly four weeks I got back to Nairobi.

The weather is warmer and very pleasant, bougainvillea flourishes in the gardens; where jacaranda grows, the petals form a blue carpet on the ground and the beds are full of flowers; but the vast Athi plain, so green when I saw it for the first time as I travelled up from Mombasa, is now burnt brown by the sun and black by fire. Probably only small parts of it actually catch fire, but columns of smoke rise up from it by day and glowing flames light up the sky by night. Oh yes, give me England and her chalk streams, even in these days of stress, even when whisky is as scarce as petrol.

A consultant surgeon, who'd have thought it! Am now just off for more than 1,000 miles S.E. which should be interesting. I was in Tobruk for ten days just before it fell. Had two days with the H.A.C., one in a Tank O.P. watching and shooting at a fight on Knightsbridge. Came here early in July to replace Ogilvie, who takes up Jock Monro's (Reg.) job in Cairo.

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By Major J. B. BAMFORD, R.A.M.C.
(Memoranda based on experiences with a mobile surgical unit in Egypt and Libya)

Most of my work was done at Field Ambulances, and, owing to rapid movement over long distances, surgery was glorified first-aid, i.e., opening wounds, toilet, plaster of Paris, fixing people to travel in comfort over long distances taking up to ten days to a Base Hospital. The following points come to my mind:—

1. The practice of sending young inexperienced surgeons up forward is entirely and absolutely wrong. The best men should be forward, with the younger men under a first-class O.C. Surgical Division at the Base Hospital.

2. More people die from "over-operating," (meaning doing too much too soon), than from being left alone—a broad statement with many exceptions, but the above is never stressed enough in my opinion. The patient's life is the important thing, not the operation—often forgotten by young men.

3. I saw very few bullet wounds—nearly all shell fragments, mortar, grenade, explosive cannon, machine gun, bomb splinters, mine wounds.

4. There was a very large percentage (approximately 20 per cent. of all cases we did) of large multiple wounds. From memory I can recall four abdominal wounds, all with

two compound fractures of arms or legs.

5. Abdominal wounds travel much better pre-operation than post-operation, and should never be moved before at least four days after operation, preferably ten days. Even appendices travel badly by air in the first few days. Of perforating abdominal wounds injuring a hollow viscus I would say 40 per cent. lived.

6. Head and chest injuries travel very well.

7. Fractured femurs and all leg wounds travel well with the following method of splinting: a Thomas's splint and elastic skin extension is applied. The limb is supported on a small plaster slab resting on ordinary flannel first-aid slings. Then the whole leg and splint are encased in plaster.

8. Wounds should never be stitched up. All wounds should be made saucer-shaped with free drainage and no packing. Sulphanilamide powder and vaseline gauze is laid on the wound, and plaster is applied, either split or over a splint. If fascia is divided in the thigh it must be divided *transversely* as well as longitudinally. All our amputations of limbs were sent down with a padded plaster cap—very good.

9. Burns of limbs were cleaned with lux, and then with ether soap (home made with soft soap and ether); then washed with acriflavine and dressed with vaseline and sulphanilamide gauze, covered with wool and plaster. The same was used for the body whenever possible, even if only a plaster cast was made and firmly secured with a bandage. (Opinions differ greatly on this point.) For first aid I recommend Tannafax, which relieves pain and comes off easily when the patient is properly cleaned.

10. Anaesthetics: Pentothal (1 per cent. continuous drip very good), with oxygen, for everything except chests and abdomens. For the latter gas, oxygen and ether with Magills endotracheal tube. For chests, gas and oxygen. I feel very strongly the necessity for oxygen under pressure with pentothal and morphine in shocked patients. A pharyngeal tube, approximately 6 in. long, is very useful with pentothal, and if passed through the nose saves holding up the chin and is useful for giving oxygen. The Field Pattern Boyle's medicine is excellent.

11. Resuscitation: simple first-aid principles are often forgotten—putting the head down, bandaging uninjured limbs, oxygen, etc. Saline is sometimes given too quickly before the patient is round from the anaesthetic when respirations are shallow owing to morphia or pentothal. Blood given quickly and at once, up to two to four pints, is of great value.

The above points have just been jotted down

as they come to my mind—all simple things, but they don't seem to be drilled into the young men. People seem to forget the simple and fundamental things of surgery.

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From F/Lt. H. L. M. ROUALLE, R.A.F.V.R.,
Takoradi

March 20th, 1943.

Dear Mr. Keynes,

You will doubtless be interested to hear that I am relieving Robb on the surgical side as soon as he goes home; unfortunately I have spoiled all his nicely laid plans by developing tonsillitis and then a second attack of M.T. malaria from which I am at the moment recuperating in our own wards. It's a legacy from my three months in Central Africa, from which I have at last returned by 2,000 miles of roads, tracks, rail and air. Though scarcely pleasant at the time, my experiences in the bush country are interesting in retrospect, as I saw all manner of wild animals from lions at a distance of four yards, antelope and buck of different sorts, to crocodiles, warthogs, etc. The heat was terrific—over 100° in the shade on most days and sometimes 105°, the sun a cruel searing, scorching enemy from 10 a.m. till 4.30 p.m.; only after midnight was there some relief and a blanket was necessary. M.T. malaria was universal, though fortunately of a relatively mild type, so that incapacity was as a rule not prolonged. Before I arrived I found that the local people who were treating the victims were grossly undertreating them and sending them back to duty in four or five days, a procedure which caused much trouble in the long run on account of the high relapse rate.

This place is, of course, quite different from the hinterland, the climate less extreme but more humid; there is a bathing beach, golf course, tennis and other recreations; the mail from U.K. occasionally arrives, which is more than can be said up country, and we actually have electric light and the water is drinkable. It is a treat also to have an armchair to sit in after using native wicker beds as settees for some months. The hospital is beautifully equipped and has a staff of our sisters and

orderlies. Fortunately the natives are relatively few in number and do only menial jobs; I am no believer in the emancipation of the African. The theatre sister is a Bart.'s girl, Miss Godson, who used to be in theatre C and seems to be the best sister we have; trust Bart.'s to turn out good stuff.

Much of my important correspondence has unfortunately gone astray, but from the first batch of mail I have received in four months comes the news that my brother at Singapore is in fact a prisoner though wounded in the foot. Fortunately I hear that an outward airmail service has begun to operate at last, so we may hope for improvement. The amount of discontent from this sort of thing is very widespread.

Like everyone else, of course, I am wondering how long I shall have to stay in West Africa. Though from the point of view of comfort, food and general amenities our region compares favourably with the Middle East, disease and monotony do seem to wreck a good many people. They seem to become moody, some actually insane; others grow thin, yellowish and apathetic. Nearly all after nine months or a year complain of loss of reserve strength and general lassitude. If there is no urgent medical reason for repatriating them sooner, they are sent home in from twelve to eighteen months; average is about sixteen, but many have done twenty or more on account of shipping space problems.

With all best wishes.

Yours sincerely,

(Signed) HENRI ROUALLE.

P.S.—I forgot to tell you that I met Gordon Evans halfway across Africa! We were travelling in opposite directions and a week later were some 5,000 miles apart. He was expecting a baby any day and was in a hurry to reach somewhere where he could contact the cable office. He's having a wonderful time roaming over all these continents; I thought my 4,500 odd miles round these parts was good enough but I expect he will put another "0" on that before he has finished.—H. L. M. R.

We wish to express our gratitude to Air-Commodore Geoffrey Keynes for sending us these letter from Africa, and giving us permission to publish them.

HOW TO WRITE A WIX-PRIZE ESSAY

By JOHN L. THORNTON, A.L.A., *Librarian*
(Now serving in H.M. Forces).

The annual prize awarded for an essay on the life and works of a medical man has proved popular with students taking an interest in the history of medicine, but it has been obvious that a few notes on the preparation of the essay would greatly assist intending essayists. The Librarian has frequently been asked how to collect information, how to sift it, how to compile bibliographies, how to arrange the material, how to present the essay, and it is hoped that a few general remarks on these headings will prove useful, perhaps encouraging more students to undertake the research necessary to write a successful essay.

Firstly it is necessary to consult all materials already existing on the life of the subject. A monograph dealing with the life of the medical man may exist and will certainly contain further references, perhaps a bibliography and also the important details of his contributions to medicine. The *Dictionary of National Biography* should prove useful, not only for the details contained in the articles but for the references given at the end of each section. Make a note of all these, preferably on cards, and continue to collect material by consulting all available works on the history of medicine, and of any special subject in which the biographee was interested. Quite a number of books on the history of medicine are normally available in our Library, but one must expect to have to visit other libraries. The Royal College of Surgeons, for example, is rich in this material, and welcomes visits from students, while the British Museum and also certain medical libraries in London can be used under special circumstances.

Obituaries contain useful material, and can be traced by means of the *Catalogue of the Army Medical Library* in the case of the medical men who have been dead for some years, and through the *Quarterly Cumulative Index Medicus* for more recent material. Both these periodicals are available in our Library. They must also be used for compiling a list of the writings of the subject of the essay. A bibliographical list is essential and most useful, but should not be merely a list of references taken from printed sources. Note each reference on a separate card, and as far as possible consult each individual item, checking the details and arranging the bibliographical portions consistently. For example, if the titles

of periodicals are abbreviated, use the same abbreviations throughout, place the volume number before the date of publication in all instances, and complete the pagination wherever possible. In the case of books, give the complete title, place of publication, publisher (if required), and date, with details of all further editions.

The arrangement of a bibliography can be chronological (which is usual), or entries can be grouped by subject, and then by date, and it is useful to present the bibliography at the end of the essay, even if selected items are dealt with in the text.

Having collected references and consulted the material, one will be faced with a mass of facts in note form, and it is then advisable to consult former Wix Prize Essays, many of which have been published in our *Reports, Journal, etc.*, as examples. No hard and fast rule can be laid down for the arrangement of a bibliographical essay, as it must depend entirely upon the subject. A chronological arrangement will deal with his childhood, education, early professional life, contributions to medical knowledge, etc., but it is quite possible that subjects will be encountered where these headings cannot be applied. A paragraph could include all available information up to the publication of a person's first successful work, after which perhaps his activities might have proved more worthy of recording. The personal lives of many medical men are very obscure, and it is then necessary to consult contemporary authorities for "background." Contemporary history, particularly medical history, should always be studied to provide an idea of the circumstances under which the biographee laboured and to record his influence on the development of his subject. Endeavour to find out what his contemporaries thought of him, and trace the development of the subjects in which he was interested during his lifetime, so that his contributions are shown in their true surroundings.

It is possible to illustrate an essay with suitable prints, photographs, and other material, such as tables showing lineal descents, but this is not entirely essential. If there are living descendants of the biographee, or there are persons acquainted with his life or work, they can be approached for material, and many useful facts can be obtained in this manner.

In certain cases autobiographies or standard lives provide one with all the necessary material, but the biographer who merely gleams the thoughts of others cannot hope for success in a competition. He must himself sift the material, consult contemporary records, weigh the evidence anew, and then write the results of due consideration. A Wix Prize Essay cannot be written in a week, as I have known it to be attempted, but entails careful research, and rewards those sparing the time by revealing a new interest in their profession. The history of medicine is built up of the lives of medical

men, and is a vast field of interesting revelations. Its study gives one added interest in the study of modern medicine, enables one to appreciate the antiquity and importance of one's calling, and contributes enjoyment to those all too few leisure hours.

At present many of our books are evacuated, and several other medical libraries are not functioning fully, but it is hoped that students will gain some assistance from the above notes, while continuing to approach the Librarian for any further information required.

We would like to offer our heartiest congratulations to the Dean, who has been elected Vice-President of the Royal College of Surgeons, and to Professor Paterson Ross, who has been elected a member of the Council; also to Sir George Aylwen, the Treasurer, who has been elected Chairman of the London Hospitals Committee.

We are short of copies of the JOURNAL for February, 1941, and urgently require these for binding purposes. Would anyone who possesses this issue, and does not wish to keep it, please send it to the JOURNAL office, as soon as possible? Full price and postage will be given for each copy received.

It is with regret that we have to record the resignation of Mr. R. J. Harrison from the editorship of the JOURNAL. During his period of office, the JOURNAL returned from being a "War Edition" to its proper form, and, with this, once more became free to the student.

His place in the editorial chair has been taken by Mr. P. R. Westall. The post of assistant editor remains temporarily vacant.

Contributions for the next issue of the JOURNAL should reach the JOURNAL Office by August the 12th.

ABERNETHIAN SOCIETY

On Thursday, July 8th, at 5.30 p.m., in the Abernethian Room, Sir Harold Gillies addressed a meeting of the Society on "Recent Advances in Plastic Surgery."

The speaker was introduced by the President, who referred to his achievements in various fields of activity, and emphasised what medicine in general, and plastic surgery in particular, had gained when Sir Harold decided to make it his life work.

Sir Harold, by way of prologue, said he did not quite agree with the President's remarks about the extent of his writing, as he had always held to the advice of the old saw, "Fear no man and do right; fear all women and never write." He opened his address by drawing the attention of the meeting to the extent and interest of the work to be done in the field of plastic surgery. Why will skin grafts from one individual to another not take? Does re-epithelialisation of a large area really take place from the periphery, or is it merely that a ring of scar tissue contracts and stretches already existing epithelium inwards? What causes changes in the colour of thin skin grafts? These and other problems concerning the nature of keloid, the principles of flap-cutting, and much else besides, were awaiting investigation. As an example of the interesting work being done, Sir Harold mentioned the case of a baby who received a bad burn on the thigh; a skin flap was cut from the mother's thigh and appeared to take well, uniting by first intention.

When, however, after four weeks the flap was divided, the skin went dead white and never recovered; microscopic investigation showed there was no blood supply from the recipient to the donor flap. Cartilage, on the other hand, could be grafted from one patient to another, and likewise bone. Recently bone grafts such as that of ileum to mandible had been carried out successfully within three weeks of injury and in the presence of mild sepsis.

Sir Harold then went on to show a number of photographs, some in series, illustrating various operations and techniques. He used these to emphasise the importance of certain fundamental principles of plastic surgery, such as the necessity for early grafting of raw areas. Simple skin-grafting must become a part of out-patient treatment, and in one hospital at least out-patient attendances had been nearly halved by the employment of early grafting. In appropriate situations a valuable initial repair was to sew skin to mucous membrane. The most important principle in primary treatment was to place structures which were normal in their normal position and retain them there. Among the interesting cases described was that of a girl who had her scalp avulsed; it was replaced by a graft from the anterior abdominal wall. This required the removal of a large area of skin, and in such cases it was an open question as to whether the strain of a subsequent pregnancy might prove too much for the belly wall.

In this particular instance the girl eventually had a quite uneventful pregnancy resulting in the birth of twins. Cases were also described of the treatment of cavernous naevi with radium and grafting, of the repair of hair lips, and of a variety of plastic repairs of the face. Sir Harold then discussed the signs of molar fracture-anæsthesia in the area supplied by the infra-orbital nerve, unilateral epistaxis, diplopia, and disturbance of the normal relation between coronoid process and zygomatic arch—and the various appliances used in treating the condition. Repairs of the nose, Sir Harold pointed out, were difficult because of the close proximity of cartilage to skin and mucous membrane, but good results had recently been achieved by taking skin and cartilage as a free graft from inside the ear. Grafting of skin inside the mouth to form a bed in which appliances designed to replace lost mandible might be placed, the repair of congenital syphilitic noses by replacement of mucous membrane, and the replacement of ears congenitally absent or destroyed

by trauma, were also shown. Finally Sir Harold described some of the more unusual operations such as the restoration to normal size of grossly hypertrophied breasts, and the construction from anterior abdominal wall of a penis in a case where there was congenital absence of the organ.

A number of questions were then asked and answered, and Sir Harold demonstrated the construction and use of the dermatome.

A vote of thanks was proposed by Mr. F. C. Capps, who remarked that it was most appropriate that he should have the privilege of doing so; as the E.N.T. department had, in the past, been foster-mother to the plastic department, a connection implied by the retention of the term maxillo-facial unit. He looked forward, however, to the not-far-distant day when the plastic department would be an independent, fully equipped unit, and the bearing of its work on the problems of ordinary surgery and out-patient treatment would be universally appreciated.

ART EXHIBITION

An Exhibition of Works of Art—Paintings, Water-colours, Pastels, Sketches, Posters and Sculptures—is to be held at St. Bartholomew's Hospital during the first week in October. All members of the Hospital are invited to contribute; works should be completed not later than September 17th, and the Committee would like

to know from each intending exhibitor the number of works he or she intends to exhibit, by the end of July.

Full particulars may be obtained from: (at Bart.'s) E. Alment, J. Coulson, S. Holloway, R. Pracy, Nurse C. Atkin; (at Hill End) G. Bond, Nurse E. Jukes.

PROVINCIAL NEWS

(From the "Daily Echo," Accra, Gold Coast, March 11th, 1941)

WOMAN CONCEIVED FOR ELEVEN MONTHS, AND BROUGHT FORTH SEVEN EGGS

A very mysterious incident took place last week at a village near Koforidua. One Madam Osimoko, a native of China in the Keta district, who was in the family way, was delivered of seven large Eggs, after eleven months' conception.

According to reports, Madam Osimoko of China had six men friends.

It came to pass that when she found herself in that condition, she was unable to say which of the six was responsible. She was therefore compelled to accept things at that, and went on in the same way with the six until the eleventh month, when she was delivered of seven large Eggs.

People flocked to see the unusual sight. The Eggs were eventually thrown into the Bush. The woman apparently is none the worse for this mysterious experience.

F/Lt. H. L. M. ROUALLE, R.A.F.V.R.

ANNOUNCEMENTS

BIRTHS

BRIGGS.—On May 22nd at St. Mary's Nursing Home, Nottingham, to the wife of Dr. Geoffrey O. A. Briggs (Superintendent, Newstead Sanatorium), a daughter.

SADLER.—On June 19th, 1943, at St. Bartholomew's Hospital, London, E.C.1, to Joan (née Alan Smith), wife of Surg.-Lieut. J. A. Sadler, R.N.V.R.—a daughter (Anne Felicity).

MARRIAGES

CORNFORDE—BLACKWELL.—On June 9th, 1943, at St. Peter's Church, Vere Street, W.1, Ross, Capt. R.A., only son of the late Lt.-Col. H. Cornford, R.A.O.C., and the late Mrs. H. Cornford, to Valerie Colston, P.M.R.A.F.N.S. (R.), younger daughter of Mr. and Mrs. A. W. Blackwell.

STUBBS—RAWLING.—On May 8th the marriage took place of F/O Stewart D. Stubbs, of Hertford, and Jean Bathe, elder daughter of the late Louis Bathe and of Mrs. Bathe Rawling, of Squadmoore, Exmouth, at Holy Trinity, Brompton.

APPOINTMENTS FOR OUTPATIENTS

To the Editor of the Journal

Sir,

Before leaving the hospital in the near future I should like to make certain suggestions designed to alleviate the lot of the Outpatient. Anyone who has walked through the surgery on a busy morning will agree that there is room for improvement and that with a little organisation the often fantastic queues could be considerably reduced.

There is nothing original in these suggestions. Other hospitals work on an Appointment System and indeed I believe it is a fact that but for the war such a system was to have been introduced here. The *Lancet* and the *B.M.J.* have recently published articles explaining how various methods may be applied. That which follows is somewhat simpler and has been found to work with considerable success over a period of four months in the Fracture Clinic. At one time it was not unusual to find forty patients waiting outside this Clinic at 9 a.m. Now, throughout the course of the morning there are seldom more than five or six waiting at any one moment. Admittedly this scheme works better when the majority are "old cases" and therefore it might apply better in clinics like the Orthopaedic and the Ear, Nose and Throat. Surgical and Medical Outpatients are supposed

to be more Consulting than Treatment Clinics, but inevitably there are a considerable number of "old cases."

Here the scheme is set out as it could be applied to Surgical Outpatients on Monday mornings.

A simple chart is prepared for two or three months in advance and can be continually added to as time passes, so that it is in effect never ending. The date is recorded along the top, the time at the side. An agreed period, say, 9 to 10, is set aside for new cases and those referred from other departments for whom budgeting is impossible. Four patients can be seen each quarter of an hour and a cross indicates an appointment.

Thus, anyone taking outpatients on April 19th would know at a glance that it would be no good telling a patient to come up on May 3rd before 11.30. If the patient did not have to be seen for a month, then 10.30 would be the correct time: if two months, then Whit Monday should be avoided, but 10.15 the following week would do. A cross is then added in the appropriate square.

If patients have far to travel they can be given appointments later in the morning and, of course, cystoscopies and what-nots can also be fixed in at suitable times.

THE CHART

	APR 19	26	MAY 3	10	17	24	31	JUN 7	14	21	28	JUL 5	etc. →
9-10		N	E	W		C	A	S	E	S			
10.00		E	x x x	x x x	x x x	x x x	x x x	x x	W	x x x	x		
10.15		A	x x x	x x x	x x x	x			H	x			
10.30		S	x x x	x x x	x x x				I				
10.45		T	x x x x	x x x x					T				
11.00		E	x x x x	x					S				
11.15		R	x x x x						U				
etc. Y									N				

"The thing can be done, said the Butcher, I think,
The thing must be done, I am sure.
The thing shall be done! Bring me paper and ink,

The best there is time to procure."

I remain, yours faithfully,

MICHAEL HARMER.

St. Bartholomew's Hospital, E.C.

July, 1943.

* * * *

CORRESPONDENCE

To the Editor of St. Bartholomew's Hospital Journal
Dear Sir,

May I draw your attention in your columns to a most interesting case?

The patient, a female aged about one year, has a rather mottled complexion and is most uncooperative. The chief abnormality is a congenital one and has a number of interesting features.

On examination, the phenomenon of cauda duplex is clearly seen as an exact reduplication of the normal organ. Owing to the difficulties of locomotion, exhibited as a slow, laborious, zig-zagging progression due to this excessively unwieldy appendage, the musculature of the whole body is hypertrophied and a stout, tubby appearance is presented. And, doubtless as a result of pressure on the lateral line, hyperæsthesia of this organ is evidenced by the extreme degree of sensibility to stimuli affecting it. Although the progress is good, it will be interesting to discover, if autopsy is ultimately performed on this pathetic little creature, whether spina bifida is also present.

This unusual feature is not exhibited by any of the other goldfish in our Fountain.

Yours, etc.,

"PISCATOR."

St. Bartholomew's Hospital, London, E.C.1.

July 10th, 1943.

To the Editor of St. Bartholomew's Hospital Journal
Dear Sir,

The following is strictly true.

I had attended the Vicar for Abortus Fever. I was attending a family for Glandular Fever.

A relative informed me that a fellow worker asked her if any effort was being made to "trace the germ, as the vicar had had the same illness, and they traced the germ to the milk from a cow which had had a miscarriage."

ANON.

July 3rd, 1943.

To the Editor of St. Bartholomew's Hospital Journal
Dear Sir,

May I congratulate you on being so far-sighted as to publish an article by Sir Albert Howard. It does Bart's a great credit to give publicity to his views.

They are so commonsense that they embrace the whole problem of promoting healthy crops and people.

It was becoming accepted as a normal fact that one could only grow a healthy apple with the help of poisonous arsenical sprays, etc. Likewise we in the medical profession have become more engrossed with the details of treatment by innumerable sera and chemicals and rather overlooked the patient as a whole. Similarly, we must look to the patient's diet from a wider angle rather than wondering whether he is getting enough Vit. B1.

I am, etc.,

G. BOWER.

Royal Surrey County Hospital,

Guildford, Surrey.

June 14th, 1943.

To the Editor of St. Bartholomew's Hospital Journal
Dear Sir,

May I prolong for another issue the controversy concerning women at Bart's?

I agree entirely with Mr. Bates that it would be impossible to admit women to this Hospital during the war, and probably for some time after until the lethargic Giant Reconstruction is roused to labour. Personally I dislike the prospect of women entering the profession, and this Hospital, as much as I dislike that of a State Medical Service run by the comparative laity of the Ministry of Health, but as I realise that, in these days of emancipation, vis. inertia of the B.M.A. and self-determination of women and the proletariat, both catastrophes are liable to happen, I feel that at Bart's we should bear our full share of the miserable burden. And surely in such horrible circumstances the indomitably energetic Mr. Bates, albeit suffering from over-proximity of the fair sex, would overcome with his customary facility the very problems he so adroitly presents.

Furthermore, if I may dissent on "lack of appreciation of the issues"; a brilliant example was provided by the witty and inaccurate effusion of your other inflamed correspondent, whose pseudonym belies his familiar sobriety.

Yours, etc.,

E. A. J. ALMENT.

St. Bartholomew's Hospital,

West Smithfield, E.C.1.

9th July, 1943.

[Correspondence concerning this subject is now closed.—Ed.]

BOOK REVIEWS

A SYNOPSIS OF SURGICAL ANATOMY, by
A. Lee McGregor. Fifth Edition. (J. Wright,
25/-)

This edition has been revised to bring the book

into line with newer concepts of several branches of surgery and surgical anatomy. New chapters on the anatomy and surgery of the sympathetic system have been written to replace former ones. New

sections have appeared which deal with the supraspinatus tendon, the subdeltoid bursa, and the intervertebral disc. These are all very adequately dealt with, and the book, as a whole, is to be recommended strongly to those requiring a textbook which more than covers the field, as far as the medical student is concerned. After having been out of print for several months, we welcome this fresh edition.

THE DYSENTERIC DISORDERS, by Sir Philip Mamon-Bahr, M.D., F.R.C.P. (Cassell & Co., 30/-) (Second Edition.)

The second edition of this book was evoked mainly by the war, besides the many advances in aetiology, diagnosis and treatment which called for revision in the first edition. Primarily a book for the Service doctor, the general reader will find many excellent chapters on subjects other than tropical. Fat absorption and the steatorrhoes are well dealt with, and there is a new chapter on pellagra. The whole book is very well and completely referenced. We trust that in its rather limited demand this volume will retain its popularity.

A SHORT PRACTICE OF SURGERY, Bailey and Love. Sixth Edition. (H. K. Lewis, 36/-.)

Another edition of such a well-known book needs little review in this hospital, as it is already so widely used, except in so far as to report that many minor alterations have been made, and several larger ones. The edition is improved by the addition of 42 figures, thus making this one of the most well-illustrated textbooks on surgery that we know of. A novel feature is the inclusion of a glossary of anatomical names with references to the page number in the book where each particular name is used. As hospitals are still using both old and new terms, this may be of good service to the student just starting his first surgical appointment, apart from the rest of the book, which in many ways is an excellent one for his needs, as it is also for the student preparing for final examinations.

SYMPTOMS AND SIGNS IN CLINICAL MEDICINE, by E. Noble Chamberlain. Third Edition. (J. Wright, 30/-.)

Since the last edition of this book was published in 1938, there have been, of necessity, many alterations and additions which make the work of wider scope and thus more useful to the student. The most notable addition is a chapter on Radiology. Naturally this only summarises the main features of radiology as applied to diagnosis of disease, but this lays a good foundation on which can be placed further material as this is gathered in the wards. There are many changes in the chapter on clinical pathology and biochemistry, as, for instance, sections on sternal puncture, urea clearance test, and estimation of vitamin C in urine. More detail might have been given on the sections in this chapter, to render it complete and of more value to the reader. Mention is certainly made of the clotting time, but

details of how it is obtained are not forthcoming. As a whole the book is of excellent value, especially to the fresh clinical student, who will find an immense amount of helpful information which could not readily be found elsewhere.

PATHOLOGICAL HISTOLOGY, Ogilvie. Second Edition. (E. & S. Livingstone, 32/6.)

This very remarkable book has now been revised and altered considerably since publication of the first edition three years ago. Fifteen new subjects and illustrations have been added, the most important being the addition of a short chapter on diseases of the skin. The photomicrographs of some processes have been superseded by improved ones, and better accounts have accompanied them in various parts of the book. In general, the book is a very valuable companion to the standard textbook of pathology. It can be used as a means of rapid revision of histological appearances of common pathological processes, as the photomicrographs are of such high standard of reproduction that they can readily recall impressions conveyed by examination of sections under the microscope. These illustrations were made from Finlay colour transparencies, and their quality is unique in a book of this nature.

The book is also useful when actually examining slides, as it points out the main features to be found in any particular process, and makes the interpretation and understanding of sections not only possible, but easy.

OUTLINES OF INDUSTRIAL MEDICINE, LEGISLATION AND HYGIENE, by James Burnett, M.D. (J. Wright, 7/6.)

This is a good introduction to industrial medicine, and, as such, is well worth the attention of every medical student and others who wish to learn something of this increasingly important subject. There are no lengthy lists of unessentials in the chapters on industrial legislation, but only the main features and outstanding points of the various major Acts. The section on industrial hygiene is very brief, and, possibly, the book would have benefited by more detail on this aspect of modern industry. In spite of this criticism, the book is excellent from the standpoint of industrial medicine, and contains clear and concise information on the clinical features and preventive measures of all common industrial diseases. Lead poisoning, for instance, is dealt with in detail, and mention is made of various occupations in which this is common. The clinical features are then described under several headings, as groups of symptoms relating to the various systems. Preventive measures are then dealt with. There are good descriptions of silicosis, asbestosis, and to these the author adds a very recent industrial disease, known as bagassosis, caused by the inhalation of dust given off by broken sugar cane from which the sugar has been extracted. It is a useful little book, and should cover a sad gap in the average medical man's knowledge.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

ADRIAN, E. D. "Sensory Areas of the Brain." *Lancet*, July 10th, 1943, pp. 33-5.

BURROWS, H. (and MacLeod, Douglas and Warren, F. Lloyd). "The Excretion of Ketosteroids in Human Pregnancy Urine in relation to the Sex of the Fetus." *J. Obst. & Gyn. Brit. Emp.*,

June, 1943, pp. 212-6.

CANE, L.H. "Congenital Talipes Equinovarus corrected by Talectomy." *East African Med. J.*, January, 1943, pp. 2-4.

CHANDLER, F. G. (*ibid. late*). "Lung Stone causing profuse and recurrent Hæmoptysis." *Lancet*, July

- 3rd, 1943, pp. 13-4.
- DINGLEY, A. R. "Nasal Intribation: Dangers and Difficulties from the Rhinological Aspect." *Brit. Med. J.*, June 5th, 1943, pp. 693-4.
- "Acute frontal osteomyelitis with subdural abscess." *Journal of Laryngology*, October, 1942.
- "Some indications for Tonsillectomy in the Recruit." *Medical Press and Circular*, July 7th, 1943, p. 11.
- GRIFFITHS, H. E. "Treatment of the Injured Workman." *Lancet*, June 12th, 1943, pp. 729-33.
- HARDWICK, S. W. "Pellagra in Psychiatric Practice: Twelve recent cases." *Lancet*, July 10th, 1943, pp. 43-5.
- HAWKING, FRANK. "Histological Effect of Proflavine Powder on fresh Wounds." *Lancet*, June 5th, 1943, pp. 710-1.
- HOWELL, TREVOR, H. "Approach to Old Age." *Post-Grad. Med. J.*, May, 1943, pp. 132-4.
- JONES, F. AVERY. "Hæmatemesis and Melæma with special reference to bleeding Peptic Ulcers." *Brit. Med. J.*, June 5th, 1943, pp. 689-91.
- LANGDON-BROWN, SIR WALTER. "Uræmia—Twenty years after."
- LINDER, G. C. "The Cerebrospinal Fluid in Uræmia." *Clin. Proceedings*, March, 1943, p. 64.
- MACCARTHY, D. "Technique of Intravenous Drip transfusion in Infants." *Brit. Med. J.*, July 10th, 1943, pp. 36-9.
- McMENEMEY, W. H. "Some Practical Points in the examination of the Urine." *Practitioner*, July, 1943, pp. 26-32.
- MORGAN, H. V. & WILLIAMSON, D. A. J. "Jaundice following Administration of Human Blood Products." *Brit. Med. J.*, June 19th, 1943, pp. 750-3.
- OBERMER, EDGAR. Clinical Value of Blood Sedimentation Rate (with a plea for the adoption of a standardized and simple technique). *Practitioner*, July, 1943, pp. 43-8.
- ROBERTS, JOHN C. "Tuberculosis in Children. Study of 100 Cases." *Lancet*, July 3rd, 1943, pp. 2-4.
- ROCHFORD, J. D. (& Broadbent, B. T.). "Ethyl Chloride Analgesia." *Brit. Med. J.*, May 29th, 1943, pp. 664-5.
- ROLLESTON, SIR HUMPHREY. "History of the Practitioner." *Practitioner*, June, 1943, pp. 321-8.
- WILLIAMSON, D. A. J. See Morgan and Williamson.
- WILLIS, F. E. SAXBY. "Cystic Diseases of the Lung (Broncho-Alveolar Cysts)." *Tubercle*, February, 1943, pp. 27-36, March, 1943, pp. 43-51.

At HILL END

One Wednesday afternoon some six weeks back, we wandered around the profuse colony of side-shows and shysters that seemed to have been cultured overnight on the cricket pitch, under the apparently ever-exonerating excuse of Wings for Victory. Cheerfully shuffling about ten years off our mental age, we climbed aboard the round-a-bout and allowed ourselves to be centrifuged on the saddle of a black-and-yellow horse with a fiery eye, whose name, if we recall, was Mildred. The actual motive power had to be supplied by main force, and we doffed a mental hat at the two nameless up-patients apparently quite happy pushing round several score children of all sizes. The busking, or barking—we believe those are the technical terms—for this outfit was performed by a slim figure in sister's uniform, who would have looked quite sweet save for a regrettable tendency to smoke cigars and smell of beer.

Tottering away from the merry-go-round, brushing on one side a gentleman inviting-us to give ourselves electric shocks at threepence a go, we made for the shooting gallery. On payment of a slight fee, one fired corks at packets of Woodbines, apparently as resistant to shot and shell as a Sherman tank. This seemed extremely popular with the nursing staff—repressing a slight shiver, we couldn't help noticing how terrifyingly natural some of

these ladies looked with a gun in their hands.

Cigaretteless, we turned to see what shameless racket was being run in the cricket pavilion. As we were quietly and wonderingly taking in the scene, the inevitable busker snarled with ill-concealed relish in our direction: "You, Sir! Can you ask the question that will baffle the Brains Trust?" We suddenly found ourselves alone, standing first on one foot and then the other, closely inspected by most of the visitors to Hill End that afternoon. Murmuring something about the winner of last year's Derby, we peered into the gloom of the verandah and recognized five of our friends, looking like rather condescending owls. They had surrounded themselves with an immense barricade of reference books, running from Baedeker to the Bible, into which they quite blatantly burrowed for their replies. Between questions they refreshed the grey matter with draughts of old and mild, even then concealed ready and at hand behind the Encyclopædia Britannica, Vols. VII—XII. The charge was twopence a question, even to the fellow demanding the number of parts in a Lewis Gun, Mark IV, and the member of the student body with an enquiring mind about the hats worn in Turkey in 1850.

We will only touch on the other fun of the fair, which included a complicated apparatus with which, for the sum of 6d., all those people

who really love being made soaking wet with their clothes on were allowed to gratify their desires to the full. And, of course, such field sports as a tug-o'-war, in which the physiotherapists suffered a humiliating defeat in the arms of the nurses, and a cricket match, Nurses v. Students. So that's what happened to our white flannels!

At the end of all this, you are probably wondering with raised eyebrows exactly how much hard cash the week's frolics brought in, and if the fair came through with a clear profit for the national coffers. The answers are £1,600 and yes, all except the Brains Trust, who at the end of a long afternoon had collected £1 in cash and consumed £2 worth of beer. That is why, as far as we are concerned, we would put our spare capital in British Breweries.

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With the advent of summer, we are reminded that even Pathologists are human, and the strain of disposing of Pathology in three-monthly packets for a mounting number of years is beginning to tell. So we find two sets of students taking the Path. course this term, leaving the next three months free for the staff to do all those odd jobs one puts by for a wet day, such as re-organising the museum. We hope they will be able to snatch a few weeks

at the seaside, and that it keeps fine for them. Personally, if we had to teach Path. on the non-stop system of Hill End, we would begin to feel like the cinema operator showing "Gone With The Wind." As a result of half the hospital becoming pathologists, the firms are a little under-populated. Surgical wards have but four dressers to fill in the yellow cards, while anaesthetic clerks are strictly rationed at three a month, heaven help the "Times" crossword.

* * * * *

Apart from telling you that Mike Dickinson and J. Fuller were unanimously elected to the Hill End Bart.'s Club Committee, there is little else of interest from we country members of the Hospital. Life goes on much as it did last year, and, for all we know, the year before. With the warmer and longer evenings a good deal of time is being put in at the Plough—and we don't mean Digging for Victory, either.

With the idea of letting you know a little of the fortunes of the Cricket team, we wandered down to the pitch the other afternoon, but as our side were disposed of for thirty-odd runs, we feel we would rather draw a veil for now over that section of Hospital life.

G. S. O.

"THE MIDDLE WATCH"

(at Hill End, on June 26th and 27th)

This "nautical" comedy by Ian Hay and Stephen King-Hall was presented by the Hill End Bart.'s Players with an efficiency and polish that was entirely worthy of both the Senior Service and the Dramatic Section. The comedy and action were well sustained from the moment that Mr. Webb darkened ship, and the curtain went up to the best set this reviewer has yet seen on the Hill End stage, to the final glorious and traditional unravelling.

It is difficult to outline a plot so brimming with Neaerian tangles but it concerns a night of complications aboard the cruiser H.M.S. Falcon, stationed in the China Seas, when two beautiful young ladies, by a series of fortuitous circumstances, are left on board after a dance. For the rest? Well, for "Cruiser" read "Country House" and for "Cabins" read "Bedrooms with communicating doors," and you have had it all before. However, in spite of the familiarity of the plot, the unreal aura

of pink gins, and the talk of naval disarmament, "The Middle Watch" provided excellent though nostalgic entertainment.

Of the personnel and visitors, welcome and unwelcome, in H.M.S. Falcon, there is much to say. Michael Dickinson gave a fine and dignified performance as Captain Maitland, who fell, in spite of himself, heavily in love with an American accent, vivaciously and expertly exploited by Kathleen Rees as Mary Charlton, one of the girls who should have been left behind. The other was Barbara Taylor, who, as Fay Eaton, was lovely to look at. She and the Captain of Marines, Peter Dallas Ross, were unfailingly and enthusiastically oblivious of the sterner realities throughout. The Ward Room was further represented by Kenneth Nuttall, who as Commander Baddeley bore most of the brunt of the complications with a pleasant ease of manner and a convincing air of a man who has someone in

*Ogg and Duckett*

authority over him who will get into trouble before he does.

Tim Kelly was extremely good as the Admiral and Jean Sawyers gave a capable performance as his suspicious wife. Elizabeth Bacon as Nancy looked attractive and acted a small part with an ability which augurs well.

The lower deck was not greatly in evidence but was most ably represented by a couple of Characteristic Gaits, Marine Ogg and Marine Corporal Duckett. Geoffrey Bond as Ogg was superb in the stoical role of the boy on the burning deck. His scenes with Gordon Oslere, as Duckett, were played with a true sense of comedy and burlesque.

A special word of praise for Kathleen Simmonds, who took over Jean Farley's part of Charlotte Hopkinson at very short notice, and acted it with poise and assurance.

Minor parts, which were played by Peter Timmis, as Ah Fong, John Batten as the Flag Lieutenant, Pamela Hewetson as a Guest, and John Fuller as an A.B., all contributed to the success of the play.

Bill Royle is to be most heartily congratulated on his skill in making a difficult play appear so easy.

Of H.M.S. Falcon herself, it may be said that she was indeed a happy and efficient ship.

J. R. N.

At CAMBRIDGE

The nightmare of exams is over and from the chaos of a room in which packing is being done, it is hoped that a coherent news letter will emerge.

Last term a silver challenge-cup for sculling was given to the boat club by their vice-president, Dr. Town. The first contest for it was held early in July and was won by J. R. Harris, with R. C. King a close second.

During the season the tennis club have played ten matches and have won all, bare two of them. In the inter-collegiate doubles tournament they held their own until the third round and in the singles, until the semi-finals. This last is, I am told, the best performance given by a preclinical team since we have been segregated in Cambridge. Messrs. Mehta and Blackman have played for London University

and, were it not for illness, Davy would also have done so. The secretary of the club has asked me to express their thanks to Dr. Shunka for his excellent coaching and for helping them to take the pants off the R.A.F. (I speak metaphorically). It may or may not be significant that the only match for which we produced two teams was that played against Bedford College for Women.

There is so much and yet so little to say about Cambridge in the summer: Grantchester and the river, the madrigals and may-balls, the "bumps" and pints of beer at the Anchor or the Bath, swimming in Byron's pool and coffee in the K.P. and possibly some work though most of us are, I fear, in the position of the student who, when faced with the imminent prospect of anatomy terminals, remarked: "I

haven't got any revision to do; its *all* learning."

A short while ago Dr. Haile announced his engagement and I am sure we all congratulate him and wish him the best of good fortune.

The suckers amongst us will be back in August for a Home Guard camp. This will be a delightful rest with everything that we could wish for provided for us, including battle

inoculation: further contributions from Cambridge are dependent on the accuracy of our "inoculation" shooting.

The train is just about to leave; I've still my bags to pack and so right now I'm signing off and going on my vac.

M. D. S.

SPORTS NEWS

CRICKET

v. King's College Hospital. Away. Played at Dog Kennel Hill, Saturday, June 12th.

Bart's batted first, and Paget, going in first wicket down, was again the mainstay of the side. He batted solidly and confidently for his 64, treating the good balls with respect, waiting for the loose ones to punish. He was eventually bowled by a strange ball which seemed to be going well over the top of the wicket and then dropped down just snicking the bails off. The only other man to face the bowling with any confidence was Hunt, who was unbeaten with 34 runs to his credit. It was a small ground, and we had only collected 120 runs at the tea interval and Hunt decided to have a few more overs after tea before declaring, leaving the other side 167 to score in about 2½ hours.

Holmes opened the bowling, and with the help of a strong wind behind him and the slope in his favour bowled rather faster than usual. Lucas took the second over, and although the wind in his face enabled him to swing the ball it must have been a mixed blessing. The wickets fell quickly, and King's found themselves with 7 wickets down and only 58 runs on the board. This was the moment for Joe Moody of weight putting fame to make his entry. He came in to join his Captain evidently determined to make up for lost time. He gave a chance in his second over, but after that paid scant attention to the fielders and avoided the possibility of being caught by canting the ball right out of the ground with what seemed monotonous regularity—especially to the bowlers. He was eventually clean bowled by Lucas in attempting yet another six having made 41 in the short time he was at the wicket. The last two wickets fell very quickly, the final score being: Bart's, 167 for 6 dec. (Paget 64, Hunt 34 not out).

King's College Hospital, 123 (Moody 41, Morris 33, Lucas 6 for 58, Holmes 4 for 60).

ATHLETICS

Sports Day this year was chiefly notable for the excellence of the weather and the general lack of support it received. Competitors were so scarce that several events were cancelled in order to ensure sufficient competition in other events. Those that did turn out did not have it all their own way and many close finishes were seen. The winners of each event were: 100 yards, H. D. Dale. Houseman's 100 yards, P. D. A. Durham. 120 yards Hurdles, J. D. Andrew. Long Jump, J. D. Andrew. Putting the Weight, A. E. Fyfe. Throwing the Discus, A. E. Fyfe. One Mile, K. M. Backhouse. High Jump, H. D. Dale. 440 Yards, A. E. Fyfe. 220 Yards Relay, Hill End. Mrs. J. Paterson Ross kindly presented the prizes.

London University Championships and Inter-Hospital Sports were held for the first time since the beginning of the war on July 26th, at Tooting Bec. Illness, holidays and general apathy had taken their toll of the Bart's team so we did very well to gain fifth place in the London University Championships and fourth in the Inter-Hospital Sports, particularly as all our points were scored by J. D. Andrew and A. E. Fyfe. J. D. Andrew won the 120 hurdles in the Inter-Hospital Sports, and placed in the Long Jump and High Jump. A. E. Fyfe won both sprints and placed in putting the weight. Middlesex Hospital were easy winners of the Inter-Hospital Sports and are London University Champions. The absence of our captain, M. A. C. Dowling, through illness, was particularly noticeable as he would probably have won more points than anyone else present. He is to be congratulated on being elected Captain of the London University Tyrian Club.

[Better advertising might have produced more competitors. At Bart's the only mention made of the sports was the small list for competitors' names which was put up only one week before sports day.—Ed.]

CAMBRIDGE M.B.

Part I. Surgery, Midwifery and Gynaecology.

Drake, G. H. P.

Gray, A. J.

Ingham, W. N.

Reed, B. O.

Whitmore, H. B.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.

Balme, H. W.

Grant, R. N. R.

Gupta, H. C.

Johnston, E. N. M.

Jones, P. F.

Lister, J.

Mann, P. G.

Oliver, J. E.

Potter, J. M.

Webb, B. J.